PTO/SB/06 (08-00)

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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
(b) persons are required to restand to a collection of information unless it displays a valid OMB control number. OCT 0 9 2001 PATENT APPRICATION ! Application or Docket Number 09/840363 FEE DETERMINATION RECORD 3325/34 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR **SMALL ENTITY** (Column 1) (Column 2) FOR **NUMBER FILED** NUMBER EXTRA RATE RATE FEE BASIC FEE 医多数 斯德特克 s\_710 \$ OR (37 CFR 1.16(a)) **TOTAL CLAIMS** 72 52 minus 20 = 18 936 OR = (37 CFR 1.16(c)) INDEPENDENT CLAIMS 3 0 minus 3 = **8Q** 0 OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(df) OR TOTAL OR TOTAL 1646 • If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II **SMALL ENTITY** OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) CLAIMS - &: \* HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** Ä. FEE FEE AMENDMENT PAID FOR Total OR 79 72 7 Minus = s 18= 126 (37 CFR 1.16(c)) OR Independent 0 3 3 Minus 84 0 (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR 126 ADDIT. FEE (Column 1) ADDIT, FEE (Column 3) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL RATE TIONAL **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR 36, OR Total Minus OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR PAid ADDIT. FEE ADDIT. FEE

CLAIMS HIGHEST ģ. 10 REMAINING PRESENT NUMBER RATE Sign of the ENDMENT . 23 **AFTER PREVIOUSLY EXTRA** AMENDMENT PAID FOR Total (37 CFR 1.16(c)) Minus Independent Minus

OR OR OR (37 CFR 1.16(d)) OR TOTAL TOTAL ADDIT, FEE

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RATE

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

(Column 1)

(Column 2)

(Column 3)

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

\*\*Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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